

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA IMD	DIVISION SSS	NUMBER
EVALUATED BY <i>Carlos Mendez</i>		DATE 09/01/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>G. A. B. R. A.</i>	DATE 9/3/09
BY		EVALUATED	ACTION REQUIRED
1. GOALS AND ACCOMPLISHMENTS		CORRECTED	

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

- (1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

- (4) Are goals appropriately categorized?

☒ Yes ☐ No

- (5) Are goals realistic?

☒ Yes ☐ No

- (6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

- (7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

- b. Are goals being accomplished?

☐ Yes ☒ No

- (1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

- (2) Are accidents increasing?

☐ Yes ☒ No

- (3) Are injuries increasing?

☐ Yes ☒ No

- (4) Why are they increasing/decreasing? Our goal is zero injuries. Injuries do happen, so we are not meeting our goal. Injuries are staying consistent they are not increasing nor decreasing. The section averages approximately 1 injury per 12 month period.

Employees report unsafe conditions to supervisors immediately.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

- (6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

- (7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No
**2. PARTICIPATION**

EVALUATED	ACTION REQUIRED	CORRECTED
-----------	-----------------	-----------

- a. Commander actively involved in program?

☒ Yes ☐ No

- (1) Commander active in injury/illness case management?

☒ Yes ☐ No

- (2) What is the commander's attitude regarding occupational safety? The Commander has a high regard for safety in his section. He is very concerned about maintaining a safe work environment while preventing employee related accidents and injuries.

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>3. ACCIDENT AND INJURY TRENDS</b>	EVALUATED	ACTION REQUIRED	CORRECTED
--------------------------------------	-----------	-----------------	-----------

a. Commander's method of identifying trends? The Commander hasn't identified any method of trends. There is only a small amount of injuries that occur in the unit every year. The section averages approximately 1 injury per 12 month period. Many of our staff perform data entry all day. They are given a 5 minute break each hour that does not contain additional breaks. Commander enforces a maximum of 10 hours overtime in any work week for these positions to help prevent injuries.

(1) Are accidents and injuries being monitored to identify trends?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? Currently trends have not been identified.

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)</b>	EVALUATED	ACTION REQUIRED	CORRECTED	
a. What is the composition of the COSC? The Command Occupational Safety Committee consist of nine employees: a Data Processing Manager II, a Supervising Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Programmer Analyst, four (4) Program Technicians II, two (2) Program Technicians, and an Office Assistant II.				
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. COMMUNICATION WITH DOSH</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Employees receive training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
CHP 453M (Rev. 5-06) OPI 009

(5) Training documented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Activities identified within command that may require exposure to hazardous conditions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Training documented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

No hazardous substances stored within Section. Therefore information on hazardous substances is not provided to all employees.

We have a bulletin board that contains safety and other information.

We will begin posting COS meeting minutes on the bulletin board.

The Supervising Program Technician II is responsible for producing the meeting minutes.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Command: 041 Information Technology Section	Division: 040 Information Management	Chapter: 12 Occupational Safety
Inspected by: Bev Christ		Date: 09/03/09

Page 1 of 3

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: IMD Due Date: 09/07/09		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:
--

None.

Inspector's Findings:
-----------------------

As indicated on page 6 of CHP 453M, there were five negative responses to the questions addressed on the CHP 453M. Each has acceptable reasons for the negative responses. It is the inspector's opinion that all efforts are being made to provide a safe workplace for Information Technology Section staff and no further action is required.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged,
---

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 3

Command: 041 Information Technology Section	Division:040 Information Management	Chapter: 12 Occupational Safety
Inspected by: Bev Christ		Date: 09/03/09

etc.)



**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 3 of 3

Command: 041 Information Technology Section	Division: 040 Information Management	Chapter: 12 Occupational Safety
Inspected by: Bev Christ		Date: 09/03/09

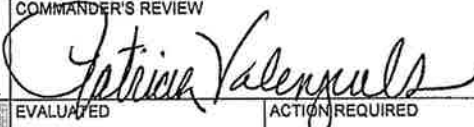
Required Action
Corrective Action Plan/Timeline

None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/8/09
	INSPECTOR'S SIGNATURE 	DATE 9/3/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

AREA	DIVISION	NUMBER
Info. Tech. Section	040 IMD	041
EVALUATED BY		DATE
Bev Christ		09/03/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 09/03/2009
1. GOALS AND ACCOMPLISHMENTS		EVALUATED X	ACTION REQUIRED CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing?

N/A

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION	EVALUATED X	ACTION REQUIRED	CORRECTED
------------------	----------------	-----------------	-----------

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety?

Commander actively seeks to identify occupational issues and takes action to correct them.

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	X		

a. Commander's method of identifying trends?		
Commander is actively involved in the Occupational Safety Committee and either prepares or reviews every safety related document in the section.		
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified?		
No trend has been apparent. Commander stresses ergonomic issues and safe lifting and moving, as these are notoriously associated with the work the section produces.		

(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)</b>	EVALUATED <b>X</b>	ACTION REQUIRED	CORRECTED	
a. What is the composition of the COSC?				
The members of the 041 COSC are the Commander, one Staff Services Analyst, and one Assistant Information Systems Analyst.				
(1) Is there representation from each collective bargaining unit?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	EVALUATED X	ACTION REQUIRED CORRECTED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	<b>EVALUATED</b> <b>X</b>	<b>ACTION REQUIRED</b>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. COMMUNICATION WITH DOSH</b>	<b>EVALUATED</b> <b>X</b>	<b>ACTION REQUIRED</b>
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	<b>EVALUATED</b> <b>X</b>	<b>ACTION REQUIRED</b>
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(5) Training documented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	EVALUATED Not Applicable	ACTION REQUIRED CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

2. Participation (a) (4) Are safety issues in the meeting minutes? The response was 'No' because there are no meeting minutes prepared for staff meetings.

4. Command Occupational Safety Committee (COSC) (a) (1) Is there representation from each collective bargaining unit? The response was "No" because, although the section has bargaining units (BU) 1, 4, and 5, there is only one employee from BU 4 and three from BU 5. The remaining 100+ employees are represented by BU 1. The current membership of the COSC is from BU 1.

4. Command Occupational Safety Committee (COSC) (a) (7) Are meetings held more frequently when goals are not being attained? The response was "No" because the Commander is actively involved in addressing issues immediately.

4. Command Occupational Safety Committee (COSC) (f) Are outside agency safety programs utilized as a resource? The response was "No" because they are not necessary at this time.

4. Command Occupational Safety Committee (COSC) (g) (3) Do all members of the command participate in distribution of safety and health information? The response was "No" because not all 100+ employees wish to participate. Safety and health information is circulated to all employees.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 3

Command: Computer Crimes Investigation Unit	Division: Information Management Division	Chapter: 12
Inspected by: Sergeant J.K. Dixon		Date: 9-08-09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  3 Hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: IMD  Due Date: 9-7-09		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

The CCIU work environment is not at a CHP facility. However, the assigned staff consistently engages in safe working practices. A copy of the Division's IIPP is in the Unit Manager's office and is reviewed by each employee at the time of their annual evaluation. No corrections or deficiencies noted.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

None



**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 3

Command: Computer Crimes Investigation Unit	Division: Information Management Division	Chapter: 12
Inspected by: Sergeant J.K. Dixon		Date: 9-08-09

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)


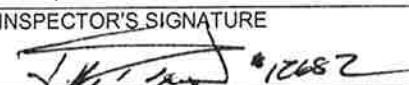
None

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 3 of 3

Command: Computer Crimes Investigation Unit	Division: Information Management Division	Chapter: 12
Inspected by: Sergeant J.K. Dixon		Date: 9-08-09

Required Action
Corrective Action Plan/Timeline
None

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/9/09
	INSPECTOR'S SIGNATURE 	DATE 9/9/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

AREA CCIU	DIVISION IMD	NUMBER
EVALUATED BY J.K. Dixon #12682		DATE 09/08/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE

## 1. GOALS AND ACCOMPLISHMENTS

EVALUATED Yes	ACTION REQUIRED	CORRECTED
------------------	-----------------	-----------

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

## 2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The commander has a positive attitude toward occupational safety and maintaining a safe working environment.

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days? ☒ Yes ☐ No

(4) Are safety issues in the meeting minutes? ☒ Yes ☐ No

(5) Commander comments regarding safety issues in performance evaluations? ☒ Yes ☐ No

(6) Does the commander ensure use of appropriate safety equipment? ☒ Yes ☐ No

b. Are managers/supervisors actively involved in the program? ☒ Yes ☐ No

(1) Are managers/supervisors involved in case management? ☒ Yes ☐ No

(2) Do they have the appropriate attitude? ☒ Yes ☐ No

(3) Are managers monitoring supervisors' progress and efforts to attain goals? ☒ Yes ☐ No

(4) Are supervisors monitoring employees' efforts? ☒ Yes ☐ No

(5) Do managers comment on safety issues in performance evaluations? ☒ Yes ☐ No

(6) Do supervisors comment on safety issues in performance evaluations? ☒ Yes ☐ No

(7) Do managers/supervisors ensure the use of proper safety equipment? ☒ Yes ☐ No

c. Are employees actively involved in the Occupational Safety Program? ☒ Yes ☐ No

(1) Are employees involved in their case management? ☒ Yes ☐ No

(2) Are employees knowledgeable about safety goals? ☒ Yes ☐ No

(3) Are they aware of the command's achievements? ☒ Yes ☐ No

(4) Are employees practicing safety while performing their duties? ☒ Yes ☐ No

(5) Are employees reporting unsafe conditions and/or work practices? ☒ Yes ☐ No

(6) Do employees work cooperatively to minimize hazards? ☒ Yes ☐ No

(7) Do employees offer suggestions to improve occupational safety? ☒ Yes ☐ No

(8) Is employee equipment properly used and maintained? ☒ Yes ☐ No

**3. ACCIDENT AND INJURY TRENDS**

EVALUATED  
NO

ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends?

(1) Are accidents and injuries being monitored to identify trends? ☐ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☐ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☐ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified?

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☐ Yes ☐ No

**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED  
No

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC?

(1) Is there representation from each collective bargaining unit?

☐ Yes ☐ No

(2) Management and supervisory representation?

☐ Yes ☐ No

(3) Command Safety Coordinator assigned?

☐ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☐ Yes ☐ No

(5) Are committee assignments rotated?

☐ Yes ☐ No

(6) COSC meetings held quarterly?

☐ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☐ Yes ☐ No

(8) Do all committee members attend the meetings?

☐ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☐ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☐ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☐ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☐ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☐ Yes ☐ No

(5) Are assignments given during Area meetings?

☐ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☐ Yes ☐ No

(1) Recording secretary appointed?

☐ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☐ Yes ☐ No

(3) Are minutes included in IIPP file?

☐ Yes ☐ No

(4) Minutes maintained current year, plus three?

☐ Yes ☐ No

(5) Minutes forwarded through channels?

☐ Yes ☐ No

d. Is the COSC effective?

☐ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☐ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☐ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☐ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☐ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☐ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☐ Yes ☐ No

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are safety hazards identified?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED Yes	ACTION REQUIRED  CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED No	ACTION REQUIRED  CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED No	ACTION REQUIRED  CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(5) Training documented? ☐ Yes ☐ No

(6) Employees informed of their right to applicable medical and exposure information? ☐ Yes ☐ No

9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

A current copy of the Division IIPP is located in the Unit Manager's office at CCIU. It is reviewed by the employees at the time of their annual I18.



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: <b>CHPERS Unit</b>	Division: <b>IMD</b>	Chapter: <b>12</b>
Inspected by: <b>Officer R. A. Bossemeyer</b>		Date: <b>9/8/09</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  16 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:	Due Date:	
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

CHPERS Unit continues to be aware of Occupational Safety concerns and goals and openly discusses Occupational Safety with unit personnel.

Command Suggestions for Statewide Improvement:
--

Update Area Management Evaluation Occupational Safety Form 453M. Under Goals and Accomplishments, subsection a, HPM 10.6 Occupational Safety Manual, Chapter 3, instead of Chapter 13.

Inspector's Findings:
-----------------------

No deficiencies noted and no corrections required.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
---

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: <b>CHPERS Unit</b>	Division: <b>IMD</b>	Chapter: <b>12</b>
Inspected by: <b>Officer R. A. Bossemeyer</b>		Date: <b>9/8/09</b>

Required Action


Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>9/10/09</b>
	INSPECTOR'S SIGNATURE 	DATE <b>9/10/09</b>
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE

AREA CHPERS Unit	DIVISION IMD/040	NUMBER
EVALUATED BY Officer R. A. Bosssemeyer		DATE 08/28/2009

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 09/01/2009
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 9/1/09

## 1. GOALS AND ACCOMPLISHMENTS

EVALUATED X	ACTION REQUIRED	CORRECTED
----------------	-----------------	-----------

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? N/A

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

## 2. PARTICIPATION

EVALUATED X	ACTION REQUIRED	CORRECTED
----------------	-----------------	-----------

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Very proactive with occupational safety and unit goals.

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 3. ACCIDENT AND INJURY TRENDS

EVALUATED  
X

ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends? Monthly Command Occupational Safety meetings and assessments.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified?		

(1) Are commanders, managers, and supervisors actively implementing corrective actions? ☒ Yes ☐ No

**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED  
X

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? Sergeant York is the coordinator. All employees participate in COSC.

(1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No

(2) Management and supervisory representation? ☒ Yes ☐ No

(3) Command Safety Coordinator assigned? ☒ Yes ☐ No

(4) Command Safety Coordinator active and effective? ☒ Yes ☐ No

(5) Are committee assignments rotated? ☒ Yes ☐ No

(6) COSC meetings held quarterly? ☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained? ☒ Yes ☐ No

(8) Do all committee members attend the meetings? ☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities? ☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available? ☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No

(5) Are assignments given during Area meetings? ☒ Yes ☐ No

c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No

(1) Recording secretary appointed? ☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

(3) Are minutes included in IIPP file? ☒ Yes ☐ No

(4) Minutes maintained current year, plus three? ☒ Yes ☐ No

(5) Minutes forwarded through channels? ☒ Yes ☐ No

d. Is the COSC effective? ☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command? ☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries? ☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues? ☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety? ☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource? ☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system? ☒ Yes ☐ No

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	EVALUATED X	ACTION REQUIRED CORRECTED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED X	ACTION REQUIRED  CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED X	ACTION REQUIRED  CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED X	ACTION REQUIRED  CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(5) Training documented? ☒ Yes ☐ No

(6) Employees informed of their right to applicable medical and exposure information? ☒ Yes ☐ No

**9. HAZARDOUS EXPOSURE CONTROL PROGRAMS**

EVALUATED  
X

ACTION REQUIRED

CORRECTED

a. Activities identified within command that may require exposure to hazardous conditions? ☒ Yes ☐ No

(1) Appropriate engineering and/or administrative controls implemented? ☒ Yes ☐ No

(2) Protective equipment provided in accordance with bargaining unit agreements? ☒ Yes ☐ No

(3) Employees trained on use and maintenance of equipment? ☒ Yes ☐ No

(4) Training documented? ☒ Yes ☐ No



**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

Page 1 of 3

Command: <b>042 SSS</b>	Division: <b>IMD</b>	Chapter: <b>12</b>
Inspected by: <b>C. Mandujano</b>		Date: <b>9/3/09</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:		
Due Date:			
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Command Occupational Safety Meeting minutes are not posted on the bulletin board.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Command agrees with the inspector's findings and will correct. The minutes of Command Occupational Safety Meetings will be posted on the bulletin board.

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 3

Command: <b>042 SSS</b>	Division: <b>IMD</b>	Chapter: <b>12</b>
Inspected by: <b>C. Mandujano</b>		Date: <b>9/3/09</b>

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

Support Services Section will begin the posting of the Section's Occupational Safety Meeting minutes.

**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: 047 – Telecommunications	Division: IMD	Chapter: HPG 22.1, Chapter 12
Inspected by: Mary Lou Reilly		Date: 9/1/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4	<input checked="" type="checkbox"/> Corrective Action Plan Included (see below) <input checked="" type="checkbox"/> Attachments Included (CHP 453M inspection)
Follow-up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: IMD Due Date: 9-8-09		
Chapter Inspection: HPG 22.1, Area Management Evaluation, Occupational Safety			
Inspector's Comments Regarding Innovative Practices:			

none

Command Suggestions for Statewide Improvement:

none

Inspector's Findings:

Item 5b, Documentation.

The command does not have any *INF 254, GOVERNMENT AGENCY REQUEST FOR DRIVERS LICENSE/IDENTIFICATION RECORD INFORMATION* forms on hand.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response).

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: 047 – Telecommunications	Division: IMD	Chapter: HPG 22.1, Chapter 12
Inspected by: Mary Lou Reilly		Date: 9/1/2009

Required Action
Corrective Action Plan/Timeline

Corrective Action Plan

The command did not have any *INF 254, GOVERNMENT AGENCY REQUEST FOR DRIVERS LICENSE/IDENTIFICATION RECORD INFORMATION* forms on hand, so a supply has been ordered from CHP Supply Services and will be used to request drivers license record information as part of the annual evaluation process.

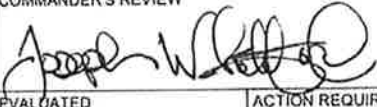
Timeline

This will commence immediately upon receipt of the forms from CHP Supply Services.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/1/09
	INSPECTOR'S SIGNATURE	DATE
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

AREA	DIVISION	NUMBER
047-Telecom Section	040-IMD	Project 7-0100
EVALUATED BY		DATE
Mary Lou Reilly		09/01/2009

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW  DATE 9/1/09	
<input type="checkbox"/> Correction Report BY _____		EVALUATED X	ACTION REQUIRED CORRECTED

## 1. GOALS AND ACCOMPLISHMENTS

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes    ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes    ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes    ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes    ☐ No

(4) Are goals appropriately categorized? ☒ Yes    ☐ No

(5) Are goals realistic? ☒ Yes    ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes    ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes    ☐ No

b. Are goals being accomplished? ☒ Yes    ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes    ☐ No

(2) Are accidents increasing? ☐ Yes    ☒ No

(3) Are injuries increasing? ☐ Yes    ☒ No

(4) Why are they increasing/decreasing? N / A

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes    ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes    ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes    ☐ No

## 2. PARTICIPATION

EVALUATED X	ACTION REQUIRED	CORRECTED
----------------	-----------------	-----------

a. Commander actively involved in program? ☒ Yes    ☐ No

(1) Commander active in injury/illness case management? ☒ Yes    ☐ No

(2) What is the commander's attitude regarding occupational safety? The Commander has a very positive attitude toward occupational safety, and promotes a safe and healthy work environment for all employees.

**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days? ☒ Yes ☐ No

(4) Are safety issues in the meeting minutes? ☒ Yes ☐ No

(5) Commander comments regarding safety issues in performance evaluations? ☒ Yes ☐ No

(6) Does the commander ensure use of appropriate safety equipment? ☒ Yes ☐ No

b. Are managers/supervisors actively involved in the program? ☒ Yes ☐ No

(1) Are managers/supervisors involved in case management? ☒ Yes ☐ No

(2) Do they have the appropriate attitude? ☒ Yes ☐ No

(3) Are managers monitoring supervisors' progress and efforts to attain goals? ☒ Yes ☐ No

(4) Are supervisors monitoring employees' efforts? ☒ Yes ☐ No

(5) Do managers comment on safety issues in performance evaluations? ☒ Yes ☐ No

(6) Do supervisors comment on safety issues in performance evaluations? ☒ Yes ☐ No

(7) Do managers/supervisors ensure the use of proper safety equipment? ☒ Yes ☐ No

c. Are employees actively involved in the Occupational Safety Program? ☒ Yes ☐ No

(1) Are employees involved in their case management? ☒ Yes ☐ No

(2) Are employees knowledgeable about safety goals? ☒ Yes ☐ No

(3) Are they aware of the command's achievements? ☒ Yes ☐ No

(4) Are employees practicing safety while performing their duties? ☒ Yes ☐ No

(5) Are employees reporting unsafe conditions and/or work practices? ☒ Yes ☐ No

(6) Do employees work cooperatively to minimize hazards? ☒ Yes ☐ No

(7) Do employees offer suggestions to improve occupational safety? ☒ Yes ☐ No

(8) Is employee equipment properly used and maintained? ☒ Yes ☐ No

**3. ACCIDENT AND INJURY TRENDS**

EVALUATED  
X

ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends? The Commander uses historical information to identify trends regarding accidents and injuries.

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? The Commander shares information with all employees regarding the potential trends as a first step in awareness of the issue, followed by mitigation.

(1) Are commanders, managers, and supervisors actively implementing corrective actions? ☒ Yes ☐ No

**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED  
X

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC?

Commander, Managers, Supervisors, plus bargaining unit representative from Clerical Unit (BU 4) and Professional Unit (BU 1)

(1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No

(2) Management and supervisory representation? ☒ Yes ☐ No

(3) Command Safety Coordinator assigned? ☒ Yes ☐ No

(4) Command Safety Coordinator active and effective? ☒ Yes ☐ No

(5) Are committee assignments rotated? ☒ Yes ☐ No

(6) COSC meetings held quarterly? ☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained? ☒ Yes ☐ No

(8) Do all committee members attend the meetings? ☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities? ☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available? ☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No

(5) Are assignments given during Area meetings? ☒ Yes ☐ No

c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No

(1) Recording secretary appointed? ☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

(3) Are minutes included in IIPP file? ☒ Yes ☐ No

(4) Minutes maintained current year, plus three? ☒ Yes ☐ No

(5) Minutes forwarded through channels? ☒ Yes ☐ No

d. Is the COSC effective? ☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command? ☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries? ☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues? ☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety? ☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource? ☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system? ☒ Yes ☐ No

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	EVALUATED <b>X</b>	ACTION REQUIRED CORRECTED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED X	ACTION REQUIRED  CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED X	ACTION REQUIRED  CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED X	ACTION REQUIRED  CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b> X	<b>ACTION REQUIRED</b>	<b>CORRECTED</b>
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	


## AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

HP 453M (Rev. 5-06) OPI 009

AREA 048	DIVISION IMD	NUMBER
EVALUATED BY Kurt Wallner		DATE 09/09/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 9/9/09
GOALS AND ACCOMPLISHMENTS BY _____		EVALUATED No	ACTION REQUIRED No

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☒ Yes ☐ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? The Communications Centers Support Section (CCSS) experienced a single traffic accident this quarter. This accident was determined to be non-preventable and not the fault of the employee. While the answer to item b.(2) is "yes", this increase from zero accidents to one does not constitute a trend.
- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

PARTICIPATION	EVALUATED No	ACTION REQUIRED No	CORRECTED
---------------	-----------------	-----------------------	-----------

- a. Commander actively involved in program? ☒ Yes ☐ No
- (1) Commander active in injury/illness case management? ☒ Yes ☐ No
- (2) What is the commander's attitude regarding occupational safety? The Commander's attitude is that safety is every employee's responsibility. The Commander routinely checks employees' work tasks and has an ongoing review of potential workplace hazards. She has maintained a hands on approach by being involved with all aspects to the HQ move.

**REA MANAGEMENT EVALUATION****OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days? ☒ Yes ☐ No(4) Are safety issues in the meeting minutes? ☒ Yes ☐ No(5) Commander comments regarding safety issues in performance evaluations? ☒ Yes ☐ No(6) Does the commander ensure use of appropriate safety equipment? ☒ Yes ☐ Nob. Are managers/supervisors actively involved in the program? ☒ Yes ☐ No(1) Are managers/supervisors involved in case management? ☒ Yes ☐ No(2) Do they have the appropriate attitude? ☒ Yes ☐ No(3) Are managers monitoring supervisors' progress and efforts to attain goals? ☒ Yes ☐ No(4) Are supervisors monitoring employees' efforts? ☒ Yes ☐ No(5) Do managers comment on safety issues in performance evaluations? ☒ Yes ☐ No(6) Do supervisors comment on safety issues in performance evaluations? ☒ Yes ☐ No(7) Do managers/supervisors ensure the use of proper safety equipment? ☒ Yes ☐ Noc. Are employees actively involved in the Occupational Safety Program? ☒ Yes ☐ No(1) Are employees involved in their case management? ☒ Yes ☐ No(2) Are employees knowledgeable about safety goals? ☒ Yes ☐ No(3) Are they aware of the command's achievements? ☒ Yes ☐ No(4) Are employees practicing safety while performing their duties? ☒ Yes ☐ No(5) Are employees reporting unsafe conditions and/or work practices? ☒ Yes ☐ No(6) Do employees work cooperatively to minimize hazards? ☒ Yes ☐ No(7) Do employees offer suggestions to improve occupational safety? ☒ Yes ☐ No(8) Is employee equipment properly used and maintained? ☒ Yes ☐ No**ACCIDENT AND INJURY TRENDS**

EVALUATED

ACTION REQUIRED

CORRECTED

No

a. Commander's method of identifying trends? The Commander reviews all accident and injury reports which are completed and tracked by the CCSS occupational safety coordinator to identify trends or the possibility of repeated incidents.

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? There have been no identifiable accident or injury trends within CCSS. There have been so few accident or injury reports that no trend analysis is possible. The few incidents CCSS has experienced have been sporadic, different in nature, and no correlation was identifiable.

**AREA MANAGEMENT EVALUATION****OCCUPATIONAL SAFETY**

HP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

ACTION REQUIRED

CORRECTED

No

a. What is the composition of the COSC? The COSC consists of the CCSS Commander, the Occupational Safety Coordinator, the

Telecommunications Systems Manager I, the Academy Public Safety Dispatch Supervisor (PSDS) II, each of the Academy PSDS Is, a

Public Safety Dispatcher, and the Office Technician.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☐ Yes ☒ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☐ Yes ☒ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

**REA MANAGEMENT EVALUATION****OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>DOCUMENTATION</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
		Yes
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>INJURY AND ILLNESS PREVENTION PROGRAM</b>	<b>EVALUATED</b> No	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>COMMUNICATION WITH DOSH</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b> Yes	<b>CORRECTED</b>
a. Employees aware of procedures regarding DOSH inspections?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>HAZARDOUS SUBSTANCE PROGRAM</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Does command have a written Hazardous Substance Program for substances used within that command?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Warning signs posted?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Material Safety Data Sheets readily available?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Employees receive training?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**REA MANAGEMENT EVALUATION**

**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(5) Training documented?

☐ Yes ☒ No

(6) Employees informed of their right to applicable medical and exposure information?

☐ Yes ☒ No

**HAZARDOUS EXPOSURE CONTROL PROGRAMS**

EVALUATED

ACTION REQUIRED

CORRECTED

No

a. Activities identified within command that may require exposure to hazardous conditions?

☐ Yes ☒ No

(1) ~~Appropriate engineering and/or administrative controls implemented?~~

☐ Yes ☒ No

(2) Protective equipment provided in accordance with bargaining unit agreements?

☐ Yes ☒ No

(3) Employees trained on use and maintenance of equipment?

☐ Yes ☒ No

(4) Training documented?

☐ Yes ☒ No



**REA MANAGEMENT EVALUATION SUPPLEMENT**

HP 454 (Rev. 5-06) OPI 009

**SUBJECT: 453 M, Occupational Safety**

DATE: 09/09/2009

[illegible]